



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 12/31/2021

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 117365

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/03/2004

Formation Locale: ID

**Name and Mailing Address:**

NELSON CONSULTING, L.L.C.  
2213 CANDLERIDGE EAST CIR  
TWIN FALLS, ID 83301-8429

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**

KARL E NELSON  
2213 CANDLERIDGE EAST CIRCLE  
TWIN FALLS, ID 83301

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Karl E. Nelson	2213 Candleridge E. Circle	Twin Falls, ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Beverly C. Nelson	2213 Candleridge E. Circle	Twin Falls, ID 83301
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(5) Signature:

*Karl E. Nelson*

(6) Date:

11-18-21

(7) Type/Print Name:

Karl E. Nelson

(8) Title:

President Manager

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

80652-6771 11/23/2021 11:41 AM Received by ID Secretary of State Lawrence Denney